

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

232814

201-429T

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date:

10/11/11

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

INTRUST Transportation, LLC4840 Forest Drive #66 Columbia, S.C. 29206  
Street Address of ApplicantP.O. Box 1097 Tyronne Georgia 30290

Mailing Address of Applicant (if different from street address)

678-468-1165

Phone

770-755-9211

Fax

INTRUST Transportation@aol.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship☐ Partnership - List names and address of all person having an interest in the business.☒ Corporation - List names and addresses of two principal officers.Betty Townes418 Long Shore Way Newnan, Ga 30265Cornelius Townes406 Long Shore Way Newnan Ga 30265

gms

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### BALANCE SHEET

Balance at Time Application is Filed:

Month August Year 2011

#### Assets:

Cash	12,806
Receivables	180,577
Real Estate	
Buildings and Equipment (Net)	93,601
Motor Vehicles (Net)	93,601
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	9,710
Prepays and Other Assets	
<b>Total Assets *</b>	<b>296,694</b>
<b>Liabilities and Equity:</b>	
Accounts Payable	6,179
Notes Payable	15,683
Mortgages Payable	—
Equipment Obligations	—
Accrued Salaries and Wages	—
Other Accrued Obligations	—
Other Liabilities	—
<b>Total Liabilities</b>	<b>21,862</b>
Capital Stock	5,000
Retained Earnings	269,832
<b>Total Equity</b>	<b>274,832</b>
<b>Total Liabilities and Equity *</b>	<b>296,694</b>

\* Total Assets = Total Liabilities and Equity

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

*\$85.00 per person, per Trip, per one way*

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Dodge	2008 Caravan	1D8HA44H42B150433		
Dodge	2009 Grand Caravan	2D8HA44E89R580524		
Ford	2009 Econoline	1FBS531149DA39587		
Ford	2008 Bu	1FBS531128AB14524		

Oct. 12. 2011 5:01PM

No. 5288

P. 2/2

OCT-12-2011 14:28 FROM: INTRUST

770 755 9211

TO: 7704998033

P. 1/1

**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Intrust Transportation Inc  
Name of Applicant  
4840 Forest Drive #66 Columbia S.C. 29206  
Address of Applicant

**Amount of Premium:**

Liability Insurance \$ 4,000,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

**Limits Quoted**

Liability Combined Each Occurrence	\$ 1,000,000	\$ 1,000,000
Medical Payments per Person	\$ 1,000	\$ 5,000

Southern States Insurance  
Name of Insurance Company  
3130 Golf Ridge Blvd Douglasville Ga 30135  
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

10/12/2011  
Date

[Signature]  
Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

Intrust Transportation INC  
Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

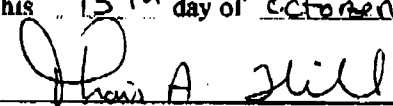
The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
Applicant's Signature

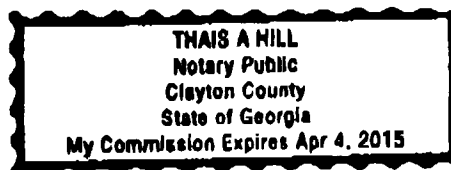
CEO  
Title of Applicant (e.g. President, Owner, etc.)

Georgia  
~~STATE OF SOUTH CAROLINA~~ )  
COUNTY OF Clayton )

SWORN TO BEFORE ME  
This 13<sup>th</sup> day of October, 2011

  
Notary Public

Commission Expires 4-4-15





Control No. 07042948

# STATE OF GEORGIA

## Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

## CERTIFICATE OF INCORPORATION

I, **Karen C Handel**, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

### **INTRUST TRANSPORTATION, INC.**

a Domestic Profit Corporation

has been duly incorporated under the laws of the State of Georgia on 05/09/2007 by the filing of articles of incorporation in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal of the City of Atlanta  
and the State of Georgia on May 9, 2007



Karen C Handel  
Secretary of State

Control No: 07042948  
Date Filed: 05/09/2007 10:44 AM  
Karen C Handel  
Secretary of State

**BUSINESS CORPORATION  
PROFIT**

**ARTICLES OF INCORPORATION**

**OF**

**INTRUST TRANSPORTATION, INC**

**I**

**SECRETARY OF STATE  
MAY - 9 P 11:00  
CORPORATIONS DIVISION**

THE NAME OF THE CORPORATION IS INTRUST TRANSPORTATION, INC

**II**

THE CORPORATION IS ORGANISED PURSUANT TO THE PROVISIONS  
OF THE GEORGIA BUSINESS CORPORATION CODE.

**III**

THE CORPORATION IS A CORPORATION FOR PROFIT AND IS ORGANIZED  
FOR THE FOLLOWING PURPOSE: TRANSPORTATION OF PEOPLE AND TO  
ENGAGE IN ANY LAWFUL ACT OR ACTIVITIES RELATED THERETO; AND  
TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH  
CORPORATIONS MAY BE ORGANIZED UNDER THE GEORGIA CORPORATION  
CODE.

**IV**

THE ADDRESS OF THE INITIAL PRINCIPAL AND REGISTERED OFFICE OF THE  
CORPORATION IS "123 OAK RIDGE TRAIL, FAYETTEVILLE, GEORGIA 30214  
IN FULTON COUNTY AND THE INITIAL REGISTERED AGENT OF THE  
CORPORATION AT SUCH ADDRESS IS BRYANT BACCHUS.

**V**

THE CORPORATION SHALL HAVE AUTHORITY, ACTING BY ITS BOARD OF  
DIRECTORS TO ISSUE NOT MORE THAN 100,000 SHARES OF COMMON  
STOCK HAVING A PAR VALUE OF \$.10 PER SHARE.

**VI**

THE NAME AND ADDRESS OF THE INCORPORATOR IS: BRYANT BACCHUS,  
123 OAKRIDGE TRAIL, FAYETTEVILLE, GEORGIA 30214.

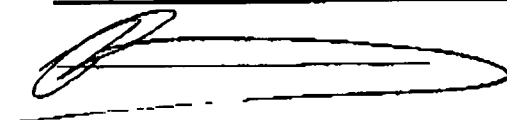
**VII**

THE INITIAL BOARD MEMBERS SHALL CONSIST OF TWO: BRYANT  
BACCHUS(50 PERCENT OWNER)AND MARGUERITE KIMBLE(50 PERCENT  
OWNER).

**VIII**

IN WITNESS THEREOF, THE UNDERSIGNED INCORPORATOR HAS EXECUTED  
THESE ARTICLES OF INCORPORATION.

THIS 9 TH DAY OF MAY, 2007.



State of Georgia  
Creation - Domestic Entity 2 Page(s)



T0713503611

**Signature of the Registered Agent**

**INTRUST TRANSPORTATION,INC**  
Name of Corporation

7. The name and usual business address of the corporation's directors (if the corporation has no directors, then the name and address of the persons who are exercising the statutory authority of the directors on behalf of the corporation) and principal officers:

a)	Name of Directors	Business Address
	<u>CORNELIUS TOWNES</u>	<u>4840 FOREST DR.#6B COLUMBIA SC 29208</u>
	<u>BETTY TOWNES</u>	<u>4840 FOREST DR.#6B COLUMBIA SC 29208</u>
	<u>TYROL TANG</u>	<u>4840 FOREST DR.#6B COLUMBIA SC 29208</u>
	<u>MICHAEL LITES</u>	<u>4840 FOREST DR.#6B COLUMBIA SC 29208</u>

b)	Name and Office of Principal Officers	Business Address
	<u>CORNELIUS TOWNES</u>	<u>CEO</u>
	<u>BETTY TOWNES</u>	<u>C.O.O</u>
	<u>TYROL TANG</u>	<u>C.F.O.</u>

8. The aggregate number of shares which the corporation has authority to issue, itemized by classes and series, if any, within a class:

Class of Shares (and Series, if any)	Authorized Number of Each Class (and Series)
<u>COMMON</u>	<u>COMMON - 100000</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

9. Unless a delayed date is specified, this application shall be effective when accepted for filing by the Secretary of State (See Section 33-1-230): 10/11/2011

Date 10/11/2011

INTRUST TRANSPORTATION,INC  
Name of Corporation

   
Signature

CORNELIUS TOWNES  
Type or Print Name and Office



INTRUST TRANSPORTATION

**INTRUST**

FAX

To: *Public Service Commission*

From:

*Intrust*Fax: *803-896-5199*

Pages:

*10/12/11*

Phone:

Date:

Re: *Application*

CC:

Comments:

*If you have any questions, please  
Contact me 678-468-1165*

*Betty Lowes*